Agency Report of: Public Official Appointments

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Ι.	Agency Name	gency Name						California 806				
	Division, Department, or Region (If Applicable)							For Official Use Only				
	Designated Agenc	esignated Agency Contact (Name, Title)										
	Avec Code /Dise	rea Code/Phone Number E-mail						Amendment				
	Area Code/Phone	Number	E-mail			Date of Original Filing:						
2.	Instructions					(Month, Day, Year)						
	a special district, a jo pointments also inclu	oint powers a ude those red	intments of public officials to paid po gency or authority, joint powers insulured to be made by the body of whi ation 18705.5 amended 03.2012)	rance agency or	aut	hority, d	or a metropolitan pla	inning organization. Ap-				
	This form is required to be posted on the appointing agency's website as soon as possible and no later than 30 days following an appointment. The form identifies the best estimate of annual salary or stipend. This amount is an estimate as the amount may vary depending upon the number of meetings. Also, check the boxes if the appointment provides health benefits and/or travel reimbursements. It is not required to include themonetary value of health benefits or travel reimbursements in reporting the annual salary.											
3.	Appointments	Appointments										
	Agency		Name (Last, First)	Length of Term	,	Appt Date		Salary/ Stipend				
		Alternate, if	any	-			\$estin	nated annual payment Health Benefits				
		Alternate, if a	(Last, First)	_			\$estir Travel Payments □	nated annual payment Health Benefits 🔲				
		Alternate, if an	Y(Last, First)	-			\$estin	nated annual payment Health Benefits				
		Alternate, if an	Y(Last, First)	-			\$estin	nated annual payment Health Benefits 🔲				
		Alternate, if ar	Y (Last, First)	-			\$estin	nated annual payment Health Benefits				
l.	Verification I have read and understa	nd FPPC Regu	lation 18705.5. I have verified that the inform	nation above, is in ac	ccor	dance wi	th the requirements.					
	Signature of Agency I	Head or Designee	Print Name				Title	(Month, Day, Year)				